

Date _____

INTERIM PROJECT REPORT FORM
(Formerly titled "Project Status Reporting Form")

Use for all TFCA projects that are not 100% complete as of June 30

TFCA Project # _____	Initial TFCA \$ Awarded: \$ _____
	Total Project Cost to Date: \$ _____
	TFCA Funds Expended by County Program Manager to Date: \$ _____
Project Sponsor: _____	
Project Title: _____	
Percent Complete: _____	Initial Project Start Date: _____
* Project Completion Date Extended? Yes _____ No _____	
If Yes, Revised Date of Project Completion: _____; and	
Revised Anticipated Date of Final Report Submission to County Program Manager: _____	

1. Has the amount of TFCA funds awarded changed in the past year? No _____ Yes _____
If Yes, provide an explanation and state the revised amount awarded.

2. Provide a brief description and explain any changes in the Project Scope or Project Sponsor since the previous year:

*In some cases, the County Program Manager may approve a schedule extension for a Project Sponsor to complete its project(s), if a determination is made that significant progress has been made pursuant to HSC 44242(d). See the applicable Agreement for details.

TFCA Project # _____

3. Summarize activities performed during the previous fiscal year (July 1 through June):

4. Provide a description and schedule for activities that remain to be completed:

5. Certification:

I _____ (print name), to the best of my knowledge, certify that the information provided is complete and correct; and that if one or more extensions have been approved, that significant progress has been made on each project for which the funds were granted, pursuant to HSC 44242(d).

County Program Manager Liaison or Project Sponsor (Signature)